

Chicago Flu Update



City of Chicago Richard M. Daley, Mayor

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What is the risk?

The risk of influenza infection in Chicago has increased. Locally, the percentage of specimens testing positive for influenza has nearly doubled since the previous week; increasing from 8.6% in week 1 to 17.1% in week 2. Influenza A strains continue to predominate, with the H3N2 strain accounting for 75% of subtyped influenza A viruses reported. Influenza B strains continue to circulate at low levels. The viruses identified locally are similar to the viruses chosen for the 2010-2011 flu vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir. Healthcare providers are reminded to consider influenza infection in the differential diagnosis of persons hospitalized with acute respiratory illness, and Chicagoans aged six months and older are encouraged to get vaccinated. Vaccine is available in doctor's offices, retail pharmacies, CDPH Neighborhood Health Centers, and immunization walk-in clinics. A list of CDPH clinics is available on the City of Chicago website and by calling 311.

Are severe cases of influenza occurring?

Since the beginning of the influenza reporting season (October 2010), a total of 12 influenza-associated intensive care unit (ICU) hospitalizations among Chicago residents have been reported to CDPH. Of these, one occurred in a patient whose influenza-positive specimen was collected during surveillance week 2 (January 9-15, 2011). Among all hospitalized ICU cases, 58% were 50 years of age or older and all cases tested positive for influenza A by PCR; 6 were subtyped as H1N1, 5 as H3N2 and 1 was not subtyped. The racial/ethnic distribution of cases was 33% black, 33% Hispanic, 25% white, and 8% Asian/Pacific Islander. No deaths among ICU cases have been reported. Cases meeting the current influenza reporting requirements² should be reported to CDPH via INEDSS³.

How much influenza-like illness is occurring?

For the week of January 9-15, 2011, with 15 hospitals reporting, 7.9% of emergency room visits were due to ILI (i.e., fever of 100°F or greater, with cough or sore throat). This is the eighth consecutive week that an increase has been noted and is higher than levels reported during the same surveillance week in 2010 (Figure 1). With 8 Chicago ILINet outpatient clinics reporting, 3.1% of doctor's office visits were due to ILI; approaching levels seen during the same surveillance week in 2010.

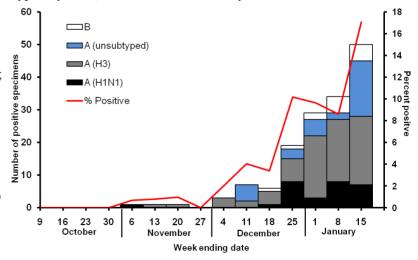
Which influenza strains are circulating?

With 7 laboratories reporting, 50 (17.1%) of 293 specimens tested were positive for influenza in week 2. Among 45 specimens that tested positive for influenza A, 21 were subtyped as H3N2, 7 were subtyped as 2009 H1N1, and 17 were not subtyped. Five specimens tested positive for influenza B (Figure 2).

Figure 1. Weekly reported percent of emergency department visits attributed to influenza-like illness, Chicago, by week, for current season (2010-2011) and previous season, October-May.



Figure 2. Influenza-positive tests reported by local laboratories serving Chicago hospitals that are equipped to identify influenza by types, by week, October 9, 2010-January 15, 2011.



Where can I get more information?

The Centers for Disease Control and Prevention's FluView⁴ report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to Illinois⁵ and Suburban Cook County⁶ are also available online.

http://www.cityofchicago.org/city/en/depts/cdph/provdrs/clinic/svcs/find_a_clinic.html;

² https://www.chicagohan.org/c/document_library/get_file?p_1_id=28960&folderId=24344&name=DLFE-144.pdf;

³ https://www.idphnet.com; ⁴http://www.cdc.gov/flu/weekly/; ⁵ http://www.idph.state.il.us/flu/fluupdate10-11.htm;

⁶ http://www.cookcountypublichealth.org/flu current situation